



KIDNEY CENTER NAME	DATE
REPORT PREPARED BY	PAGE OF

DSHS 06-110 (REV. 11/2004)

## KIDNEY DISEASE PROGRAM (KDP)

### CLIENT AND BILLING SUMMARY INSTRUCTIONS

1. Enter all requested provider and client information in the upper right hand of the form.

2. Enter billing information.

Billing codes 1 through 5:

- Do not bill the Kidney Disease Program (KDP) until after other government agencies or health insurance have reimbursed for the service.
- Clients with Medicare coverage may have bills that include all billing codes.
- Clients with only health insurance and/or KDP may have bills for billing codes 2 through 5.
- Enter the dollar amount in the top portion of each divided cell under the appropriate billing code.
- Enter all drug charges under billing code 3. Those charges include allowable cost NOT paid by another medical coverage group.
- Enter the service date in the bottom cell portion of each divided cell under the billing code. Service date is the month/year the service was delivered.

Billing code	Description
1	20% after Medicare
2	KDP and/or miscellaneous
3	Drugs
4	Health insurance premiums
5	Health insurance deductible

3. Area for Kidney Centers:

- The bottom portion under CLIENT ID (IDENTIFICATION) NUMBER, CLIENT NAME, and \*TX columns is for Kidney Center use.

4. TOTALS:

- Dollar amount lines must be totaled vertically and horizontally.

5. A19-1A Invoice Voucher and the Client and Billing Summary:

- Voucher for appropriate fiscal year must accompany the report.
- Fiscal years cannot be billed together.
- A fiscal year starts on July 1 and ends June 30 of every year.
- Mail the completed A19-1A Invoice Voucher with one copy and the Client and Billing Summary to:

DSHS MEDICAL ASSISTANCE ADMINISTRATION  
KIDNEY DISEASE PROGRAM  
PO BOX 45530  
OLYMPIA WA 98504-5530

6. Documentation:

- Documentation to support claims will be retained by the Kidney Centers and available for review by program staff. Do not send documentation with report.